Unitied Staines District Court

FILED

JUN 0 5 2020

Clerk, U.S. District Court District Of Montana Missoula

Missayla District of Montana

Lanica Latrice

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

Salish Kotena, College

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. Do not include addresses here.)

(to be filled in by the Clerk's Office)

Jury Trial: (check one) Yes No

COMPLAINTEROR VIOLATION OF CIVIL RECEITS (Non Prisoner Complaint)

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should not contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include only: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in forma pauperis.

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Dro	Qe 15	(Rev	12/161	Commissions.	for Vi	olation o	f Civil D	inhite (R)	on-Prisoner)
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3-Mail Address (if known)

Pro Se	15 (Rev. 12	2/16) Complaint for Violation of Civil Rights (Non-	-Prisoner)
I.	The l	Parties to This Complaint	
	A	The Plaintiff(s)	
		Provide the information below for needed.	each plaintiff named in the complaint. Attach additional pages if
		Name Address	Lynna Latile Bay
		County Telephone Number E-Mail Address	Missoula 406-370-8651 Lanicar Dyahoo-Com
	18.	The Defendant(s)	J
		individual, a government agency, include the person's job or title (if	each defendant named in the complaint, whether the defendant is an an organization, or a corporation. For an individual defendant, known) and check whether you are bringing this complaint against of official capacity, or both. Attach additional pages if needed.
		Defendant No. 1 Name Job or Title (if known) Address	Odish Kootenai College Institution 58138 45 Hwy 93, P.O Boy 70 pablo Mt 59855
		County Telephone Number E-Mail Address (if known)	HOLP. 275 - 4763 Salish Kootenai. Com Individual capacity Official capacity
		Defendant No. 2 Name Job of Title (if known) Address	
		County Telephone Number	City State Zip Code

Individual capacity

Official capacity

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D. Section 1983 allows defendants to be found liable only when they have acted "under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia." 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under *Bivens*, explain how each defendant acted under color of federal law. Attach additional pages if needed.

NA

III. Statement of Claim

State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

A. Where did the events giving rise to your claim(s) occur?

Salish Motenai College

B. What date and approximate time did the events giving rise to your claim(s) occur?

Aprosimenly around the Afternoon

What are tae facts underlying your claim(s)? (For example: What happened to you? Who did what?

Was anyone else involved? Who else saw what happened?) I was asked to

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IV. Injuries

If you sustained injuries related to the events alleged above, cescribe your injuries and state what medical treatment, if any, you required and did or did not receive. I'm indigent of an educated career to containe the responsibilities that appiles an active rehability with the Mental disabilities I have to support like many the natural process in habit for the support like many the natural process in habit for the well far of wages for care, as well as Acknowledge the well far of wages for care, as well as Acknowledge work etro preformence in the state public. Be work etro preformence in the state public this rejected and Judged for my educational balence this rejected and effectnt plesure to be skilled in preformence has gained effectnt plesure to be skilled in preformence has gained effectnt plesure to be skilled in preformence

V. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

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Pro Se 15 (Rev. 12/16) Complaint for Violation of Civil Rights (Non-Prisoner)

VI. Certification and Closing

13.

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case—related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing:		, •	
Signature of Plaintiff	Lanca Latrice	Arce	Ka
Printed Name of Plaintiff	Larica Latrice	Ray	
For Attorneys		•	
Date of signing:			
Signature of Attorney			
Printed Name of Attorney	Marie		
Bar Number			
Name of Law Firm			
Address			
	City	State	Zip Co:
Telephone Number			